

**DNYANDEEP SHIKSHAN PRASARAK MANDAL's
Dnyandeep College of Science and Commerce,
Morvande - Boraj (Khed)**

LEAVE APPLICATION

To,
The Principal
Dnyandeep College, Morvande-Boraj (Khed)

Name: Miss. Priya P. Bawkar
Department: C.S. Sr. College

Sir,


Date: 24/12/2020

I have to request you to sanction 1 days ☒ Casual / ☐ Earned / ☐ Medical / ☐ on Duty / ☐ Leave

Dates from 26/12/2020 to 26/12/2020

Reason Set Exam

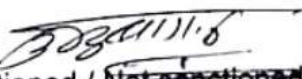
Adjustment of periods made if any

Date	Time	Class	Name of the Professor who will engage the class	signature
26/12/2020	9.00 to 10.00pm	-	- Mrs. Dhanshree Ambre - Mr. Sanjay Tadhar	

(Additional arrangement, if any may be shown on the reverse)

BALANCE LEAVE:


Signature
Head of Department


Sanctioned / ~~Not sanctioned~~
Principal


Signature of the Applicant

* Address and Contact No of Leave Period : At/post - pirlok (sainagar)
8605692369

At/post - kolhapur

**DNYANDEEP SHIKSHAN PRASARAK MANDAL's
Dnyandeep College of Science and Commerce,
Morvande - Boraj (Khed)**

LEAVE APPLICATION

To,
The Principal

Dnyandeep College, Morvande-Boraj (Khed)

Name: Ms. Shradha R. Vichare

Department: Commerce Sr. College

Sir,



Date: 02/12/2020

I have to request you to sanction 4 days Casual / ~~Earned~~ / ~~Medical~~ / on ~~Duty~~ / Leave

Dates from 3rd December, 2020 to 7th December, 2020

Reason Personal reason.

Adjustment of periods made if any

Date	Time	Class	Name of the Professor who will engage the class	signature
3-12-20	2 To 3 Pm	Fr.B.com	Surve Vinayale G.	
4-12-20	2 To 3 Pm	Fr.B.com	Surve Vinayale G.	

(Additional arrangement, if any may be shown on the reverse)

BALANCE LEAVE:

Signature
Head of Department

Sanctioned / Not sanctioned
Principal


Signature of the Applicant

* Address and Contact No of Leave Period : Shree Dattakamal, Vani Peth, Khed.
- 7559388288

DNYANDEEP SHIKSHAN PRASARAK MANDAL's
Dnyandeep College of Science and Commerce,
Morvande - Boraj (Khed)

LEAVE APPLICATION

To,
The Principal

Dnyandeep College, Morvande-Boraj (Khed)

Sir,

Name: Mrs. Hemlata S. Ingavale

Department: Comp. Sci Sr. College

Date: 13 Jan 19

I have to request you to sanction days Casual / Earned / Medical / on Duty / Leave

Dates from 13 Jan 2019 to 13 Jan 2019

Reason Medical issue

Adjustment of periods made if any

Date	Time	Class	Name of the Professor who will engage the class	signature
13/01/19	9. to 10.	-	Prof. Mahesh Bandgar.	<u>myb</u>

(Additional arrangement, if any may be shown on the reverse)

BALANCE LEAVE:

[Signature]

Signature
Head of Department

Sanctioned / Not sanctioned
Principal

[Signature]

Signature of the Applicant

* Address and Contact No of Leave Period :

P.A. AIP - Kagal 8208371271
Resi - Khed, Rahmagiri

**DNYANDEEP SHIKSHAN PRASARAK MANDAL's
Dnyandeep College of Science and Commerce,
Morvande - Boraj (Khed)**

LEAVE APPLICATION

To,
The Principal

Dnyandeep College, Morvande-Boraj (Khed)

Name: Maresh S. Bangar

Department: Computer Sci. Sr. College
Information Tech.

Sir,

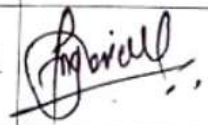
Date: 16/12/2019

I have to request you to sanctiondays Casual / Earned / Medical / on Duty / Leave

Dates from 16/12/2019 to 16/12/2019

Reason Personal

Adjustment of periods made if any

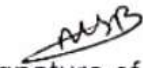
Date	Time	Class	Name of the Professor who will engage the class	signature
16/12/19	11 to 11	-	Mr. Hemlata Inyavale	

(Additional arrangement, if any may be shown on the reverse)

BALANCE LEAVE:

Signature
Head of Department

Sanctioned / Not sanctioned
Principal


Signature of the Applicant

* Address and Contact No of Leave Period :

Khed 9765527185

Dnyandeep Shikshan Prasarak Mandal khed (Ratnagiri)
Dnyandeep College Of Science & Commerce Morvande-Boraj
Employee Provident Fund : May 2020

Sr.no	Name	PF Amount
1	Dr. Umeshkumar M Bagal	8928
2	Sitarampant W Jamkar	4861
3	Kunal B Mali	3148
4	Dhanashri Niraj Kasar	2400
5	Gauri Mangesh Kadam	1560
6	Hemlata Swapnil Ingavale	1680
7	Priya Pundlik Bavkar	1440
8	Rajashri Bandhu patil	3142
9	Sandesh Shigvan	1975
10	Sahesh Nandesh Jadhav	1840
11	Audumber vasant Audumber	960
12	Yogesh Shinde	960
13	Prashant pawar	480
14	Sanjog Subhash jadhav	1440



30/5/20
I/C Principal
Dnyandeep College
Of Science & Commerce
A/p. Morvande-Boraj (Khed)







**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With
EMPLOYEES' PROVIDENT FUND ORGANISATION)**

TRRN 3121910006543

Establishment Code & Name PUKOL0103394000 DNYANDIP SHIKSHAN PRASARAK MANDAL
Address : KHONDE ROAD,, KHED,, BHADGAON,, RATNAGIRI, MAHARASHTRA

Dues for the wage month of September 2019

Total Subscribers :	EPF 104	EPS 104	EDLI 104
Total Wages :	30,89,842	13,69,500	13,69,500

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	15,450	0	0	0	15,450
2	Employer's Share Of	2,03,516	0	1,14,117	6,849	0	324,482
3	Employee's Share Of	3,70,779	0	0	0	0	370,779
Grand Total : Seven Lakh Ten Thousand Seven Hundred Eleven Rupees Only							7,10,711

(Only for offline payment in case permitted by EPFO)

FOR BANKS USE ONLY

Amount Received _____
Date of presentation of _____
Date of Realisation of _____
SBI Branch Name _____
SBI Branch Code _____

FOR ESTABLISHMENT USE

(To be manually filled by

Cheque/DD No. _____ Date: _____
Cheque/DD drawn bank &
Name of the Depositor _____
Date of Deposit _____ Mobile No. _____
Signature of the _____

(This is a system generated challan on 14-OCT-2019 21:49, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY and PMRPY-

A) A/C no 1 (Employer share) (Rs.) -	0
B) A/C no 10 (Pension fund) (Rs.) -	0
C) Total (A + B) (Rs.) -	0
D) Total remittance by Employer (Rs.) -	7,10,711
E) Total amount of uploaded ECR (C + D) (7,10,711



**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With
EMPLOYEES' PROVIDENT FUND ORGANISATION)**

TRRN 3122007006622

Establishment Code & Name PUKOL0103394000 DNYANDIP SHIKSHAN PRASARAK MANDAL
Address : KHONDE ROAD,, KHED,, BHADGAON,, RATNAGIRI, MAHARASHTRA

Dues for the wage month of June 2020

Total Subscribers :	EPF 102	EPS 102	EDLI 102
Total Wages :	31,00,686	13,39,847	13,39,847

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	15,503	0	0	0	15,503
2	Employer's Share Of	2,05,964	0	1,11,646	6,700	0	324,310
3	Employee's Share Of	3,72,080	0	0	0	0	372,080
Grand Total : Seven Lakh Eleven Thousand Eight Hundred Ninety-Three Rupees Only							7,11,893

(This is a system generated challan on 14-JUL-2020 22:07, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY / PMGKY.

	PMRPY	PMGKY
A) A/C no 1 (Employer share) (Rs.) -	0	0
B) A/C no 10 (Pension fund) (Rs.) -	0	0
C) A/C no 1 (Employee share) (Rs.) -	0	0
D) Total (A + B + C) (Rs.) -	0	0
E) Total remittance by Employer (Rs.) -	7,11,893	
F) Total amount of uploaded ECR (D + E) (7,11,893	





**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With
EMPLOYEES' PROVIDENT FUND ORGANISATION)**

TRRN 3122103003846

Establishment Code & Name PUKOL0103394000 DNYANDIP SHIKSHAN PRASARAK MANDAL
Address : KHONDE ROAD,, KHED,, BHADGAON,, RATNAGIRI, MAHARASHTRA

Dues for the wage month of February 2021

Total Subscribers :	EPF 105	EPS 105	EDLI 105
Total Wages :	33,73,136	14,21,250	14,21,250

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	16,866	0	0	0	16,866
2	Employer's Share Of	2,17,306	0	1,18,429	7,108	0	342,843
3	Employee's Share Of	4,04,776	0	0	0	0	404,776
Grand Total : Seven Lakh Sixty-Four Thousand Four Hundred Eighty-Five Rupees Only							7,64,485

(This is a system generated challan on 10-MAR-2021 11:14, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY / ABRY.

	PMRPY	ABRY
A) A/C no 1 (Employer share) (Rs.) -	0	0
B) A/C no 10 (Pension fund) (Rs.) -	0	0
C) A/C no 1 (Employee share) (Rs.) -	0	0
D) Total (A + B + C) (Rs.) -	0	0
E) Total remittance by Employer (Rs.) -	7,64,485	
F) Total amount of uploaded ECR (D + E) (7,64,485	





EMPLOYEE'S PROVIDENT FUND
ELECTRONIC CHALLAN CUM RETURN (ECR)

Name of Establishment	DNYANDIP SHIKSHAN PRASARAK MANDAL		
Establishment Id	PUKOL0103394000	LIN	1674411223
Wage Month	JUN-2020	Return Month	JUL-2020
Contribution Rate (%)	12	ECR Type	ECR
Salary Disbursement Date	06-JUL-2020	Uploaded Date Time	14-JUL-2020 22:06
Exemption Status	Unexempted	TRRN Number	
Remarks	JUNE 2020	ECR Id	46482022
Total Members	102		
Contribution and Remittance Details (In Rupees) :			
Total EPF Contribution Remitted	3,72,080	Total EPS Contribution Remitted	1,11,646
Total EPF-EPS Contribution Remitted	2,05,964	Total Refund Advance	0
PMRPY Upfront Benefit Details (In Rupees) :			
Total PMRPY Upfront EPF Amount	0	Total PMRPY Upfront EPS Amount	0
PMRPY benefit remarks	NA		
PMGKY Benefit Details (In Rupees) :			
Total PMGKY benefit Amount	Employee EPF Share	Employer EPS Share	Employer EPF Share
	0	0	0
PMGKY benefit remarks	Establishment is not registered for PMGKY scheme.		



EMPLOYEE'S PROVIDENT FUND
ELECTRONIC CHALLAN CUM RETURN (ECR)

Name of Establishment	DNYANDIP SHIKSHAN PRASARAK MANDAL		
Establishment Id	PUKOL0103394000	LIN	1674411223
Wage Month	FEB-2021	Return Month	MAR-2021
Contribution Rate (%)	12	ECR Type	ECR
Salary Disbursement Date	05-MAR-2021	Uploaded Date Time	10-MAR-2021 11:14
Exemption Status	Unexempted	TRRN Number	
Remarks	FEBRUARY 2021	ECR Id	55386321
Total Members	105	Aadhaar Not Seeded Member	26
Contribution and Remittance Details (In Rupees) :			
Total EPF Contribution Remitted	4,04,776	Total EPS Contribution Remitted	1,18,429
Total EPF-EPS Contribution Remitted	2,17,306	Total Refund Advance	0
PMRPY Upfront Benefit Details (In Rupees) :			
Total PMRPY Upfront EPF Amount	0	Total PMRPY Upfront EPS Amount	0
PMRPY benefit remarks	NA		
ABRY Upfront Benefit Details (In Rupees) :			
Total ABRY benefit Amount	Employee EPF Share	Employer EPS Share	Employer EPF Share
	0	0	0
ABRY benefit remarks	Establishment is not eligible for ABRY scheme benefit as scheme declaration is not submitted.		

Note: AADHAAR not seeded UANs are prefixed with Asterisk

PMRPY Benefit Not Given Remarks :-

Reason Code	Reason Name
EC10001	ECR already filed for this member
EC10002	Parallel Employment: ECR already filed for this
EC10003	Benefit already availed for this member
EC10004	Gross/EPF wages greater than 15,000/-
EC10005	Mismatch in EPF and EPS wages
EC10006	Mismatch in Due and Remitted values
EC10007	UAN Deactivated

ABRY Benefit Not Given Remarks :-

Reason Code	Reason Name
GK10001	EPF wages are greater than or equal to 15,000/-
GK10002	Mismatch in EPF and EPS wages
GK10003	EPF contribution remitted is greater than due remittance
GK10004	EPS contribution remitted is greater than due remittance
GK10005	(EPF - EPS) difference contribution remitted is greater than due
GK10006	EPS contribution remitted is greater than due remittance
GK10007	Aadhaar not seeded



COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With ECR)
EMPLOYEES' PROVIDENT FUND ORGANISATION

TRRN: 3121809005013

Establishment Code & Name : PUKOL0103394000 DNYANDIP SHIKSHAN PRASARAK
Address : KHONDE ROAD,, KHED,, BHADGAON,, RATNAGIRI, MAHARASHTRA

Dues for the wage month of :August 2018

Total Subscribers :	EPF 96	EPS 95	EDLI 96
Total Wages :	27,66,786	12,65,658	12,80,658

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Employee's Share Of Contribution	3,32,011	0	0	0	0	332,011
2	Administration Charges	0	13,834	0	0	0	13,834
3	Employer's Share Of Contribution	1,85,531	0	1,05,463	6,405	0	297,399
Grand Total : Six Lakh Forty-Three Thousand Two Hundred Forty-Four Rupees Only							6,43,244

(Only for offline payment in case permitted by EPFO)

FOR BANKS USE ONLY

Amount Received Rs. _____
Date of presentation of Cheque/DD _____
Date of Realisation of Cheque/DD _____
SBI Branch Name _____
SBI Branch Code _____

FOR ESTABLISHMENT USE ONLY

(To be manually filled by Employer)

Cheque/DD No. _____ Date: _____
Cheque/DD drawn bank &
Name of the Depositor _____
Date of Deposit _____ Mobile No. _____
Signature of the _____

(This is a system generated challan on 12-SEP-2018 15:49, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY and PMPRPY-

A) A/C no 1 (Employer share) (Rs.) -	0
B) A/C no 10 (Pension fund) (Rs.) -	0
C) Total (A + B) (Rs.) -	0
D) Total remittance by Employer (Rs.) -	6,43,244
E) Total amount of uploaded ECR (C + D) (Rs.) -	6,43,244



POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
IRDAI/HLT/NIA/P-H/V.II/340/15-16

Insured Name	: DNYANDEEP SHIKSHAN PRASARAK MANDAL, KHED
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Insured's Details		Issuing Office Details	
Customer ID	: PO12033757	Office Code	: CHIPLUN (170602)
Address	: A/P. KHED-KHONDE BHADGAON , TAL. KHED. DIST. RATNAGIRI. MAHARASHTRA, 415709	Address	: BLOCK NO 40, 2ND FLOOR AJIINKYA ARCADE CHINCHNAKA, CHIPLUN,415605
Phone No	:	Phone No	: 02355252867 / 02355255357
Fax	:	Fax	:
E-mail/Fax	: /	E-mail/Fax	: nia.170602@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178

Policy Details			
		Business Source Code	
Policy Number	: 17060234160400000003	Dev.Off level./Broker / Direct/Corp. Agent	: MR. HANIF A. GHANSAR (1D7805759)
Period of Insurance	: From:22/08/2016 01:37:59 PM To: 21/08/2017 11:59:59 PM	Agent/Bancassurance	: Mrs. BENDKHALE DIPALI RAHUL (NIAAG00066001) BENDKHALE DIPALI RAHUL (SI00107202)
Date of Proposal	: 22/08/2016	Phone No	: 9420154915 / 02356261359, 9860614059, 9422429159
Prev. Policy no.	: NA	E-mail/Fax	: /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	Service Tax	Total	Receipt No. & Date:
₹ 418558	₹ 62784	₹ 481342 (RUPEES FOUR LAC EIGHTY-ONE THOUSAND THREE HUNDRED FORTY-TWO ONLY)	17060281160000006125 22/08/2016

Details of TPA			
Name	: MDINDIA HEALTHCARE SERVICES (TPA) PVT. LIMITED	Telephone	: 02025300000
Address	: S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014	Fax	: 02025300003
	NA	Email	: customercare@mdindia.com,
		Toll Free No	: 18002331166

No. of Employees / Members covered		: 55	No. of persons covered	: 249
Maternity Benefits Opted	Normal Delivery Limit	: 25000	Zone Opted	: I (Mumbai)
	Caesarian Section Limit	: 40000		
Deletion of 9 months waiting period		: YES		
Pre-existing cover Opted		: YES		
Deletion of 30 days waiting period		: YES		
Deletion of 2/4 year exclusion		: NO		
Limit of additional ambulance charges per person		: 0		
Additional cover Opted		: YES		
SL.No	Name of Cover	Limit per family	Overall Policy Limit	
N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100	

Special Conditions

Policy No. : 17060234160400000003 Document generated by 24765 at 22/08/2016 17:42:19 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Special Condition 1	:	Family size EMP+SP+Child1+Child2+Father+Mother Maternity limit Normal 25000/- Cesarian 40000/-
Special Condition 2	:	10% co pay for pre existing disease related claim of parents. Cataract limit 24,000/-

* This Policy is subject to NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY Clause as attached
In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the assignee declared in the proposal (incorporated herein as the Schedule) and the assignee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 22/08/2016

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt
number _____ dt. _____.

Stamp Duty under the Policy is `1/-.

IRDA Registration Number 190

IRDA Registration Number: 190

Dnyandeep College Of Science & Commerce Morvande-Boraj, Mediclaim List



Family No.	Sr. No.	Name	Relation	Birth Date			Age
				DD	MM	YYYY	
1	91	Jamkar Sitarampant Wamanrao	Self	3	4	1972	50
	92	Jamkar Ragini Sitarampant	Wife	2	10	1979	43
	93	Jamkar Rohini Wamanrao	Mother	1	1	1952	70
	94	Deshpande Srinivasrao Gunderao	Father in Law	10	12	1949	73
	95	Deshpande Rajani Srinivasrao	Mother in Law	12	5	1952	70
2	96	Bagal Umeshkumar Murlidhar	Self	28	10	1977	45
	97	Bagal Prajakta Umeshkumar	Wife	12	8	1981	41
	98	Bagal Manjiri Umeshkumar	Daughter	2	12	2007	15
	99	Bagal Bhargavi Umeshkumar	Daughter	12	9	2016	6
	100	Patil Murlidhar Shripat	Father	12	5	1945	77
	101	Patil Alka Murlidhar	Mother	14	10	1956	66
	102	Patil Sajjanrao Sahebrao	Father	6	5	1955	67
3	103	Patil Ashabai Sajjanrao	Mother	1	6	1965	57
	104	Bandgar Mahesh Somraya	Self	10	7	1992	30
	105	Barkade Kanchan Mahaku	Wife	19	6	1999	23
	106	Bandgar Somraya Layappa	Father	1	6	1954	68
	107	Barkade Mhaku Laxman	Father in Law	1	6	1972	50
4	108	Barkade Kamal Mhaku	Mother in Law	1	1	1980	42
	109	Mali Kunal Bhupal	Self	18	2	1984	38
	110	Mali Madhuri Kunal	Wife	27	4	1991	31
	111	Mali Paridhi Kunal	Daughter	28	8	2014	8
	112	Mali Shobha Bhupal	Mother	10	1	1963	59
	113	Mali Namdeo Maruti	Father in Law	1	6	1950	72
	114	Mali Padmavati Namdeo	Mother in Law	6	6	1963	59
5	121	Jadhav Sanjog Subhash	Self	1	12	1995	27
	122	Jadhav Shubhangi Subhash	Mother	5	4	1963	59
6	123	Rain Dipesh Dattaram	Self	20	8	1989	33
	124	Rain Rima Dipesh	Wife	15	3	1997	25
	125	Rain Shivam Dipesh	Son	22	12	2019	3
	126	Rain Manorma Dattaram	Mother	10	9	1966	56
	127	Rain Gangabai Dhondu	Dependant	1	6	1941	81



11-



POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
UIN:NIAHLGP21281V022021

Insured Name : DNYANDEEP SHIKSHAN PRASARAK MANDAL, KHED																																					
<table border="1"> <tr> <th colspan="2">Insured's Details</th> <th colspan="2">Issuing Office Details</th> </tr> <tr> <td>Customer ID</td> <td>PO12033757</td> <td>Office Code</td> <td>KHED BRANCH OFFICE (170901)</td> </tr> <tr> <td>Address</td> <td>A/P. KHED-KHONDE BHADGAON, TAL. KHED, DIST. RATNAGIRI, KHED (RATNAGIRI), MAHARASHTRA, 415709</td> <td>Address</td> <td>OFFICE NO.04, 1ST FLOOR, MUKADAM LANDMARK BLDG. NO.1, NR.TINBATTI NAKA, OPP. JIJAMATA DYAN, KHED, DIST. RATNAGIRI, 415709</td> </tr> <tr> <td>Phone No</td> <td>XXXXXXXX0230/XXXXXXXX1880/XXXXXX3230</td> <td>Phone No</td> <td>02356263569</td> </tr> <tr> <td>Fax</td> <td></td> <td>Fax</td> <td></td> </tr> <tr> <td>E-mail/Fax</td> <td>/</td> <td>E-mail/Fax</td> <td>nia.170901@newindia.co.in /</td> </tr> <tr> <td>PAN No</td> <td>AAATD4835E</td> <td>S Tax Regn. No</td> <td>AAACN4165CST178</td> </tr> <tr> <td>GSTIN/UIN</td> <td>NA/NA</td> <td>GSTIN</td> <td>27AAACN4165C32P</td> </tr> <tr> <td></td> <td></td> <td>SAC</td> <td>997133 (Accident and health insurance services)</td> </tr> </table>		Insured's Details		Issuing Office Details		Customer ID	PO12033757	Office Code	KHED BRANCH OFFICE (170901)	Address	A/P. KHED-KHONDE BHADGAON, TAL. KHED, DIST. RATNAGIRI, KHED (RATNAGIRI), MAHARASHTRA, 415709	Address	OFFICE NO.04, 1ST FLOOR, MUKADAM LANDMARK BLDG. NO.1, NR.TINBATTI NAKA, OPP. JIJAMATA DYAN, KHED, DIST. RATNAGIRI, 415709	Phone No	XXXXXXXX0230/XXXXXXXX1880/XXXXXX3230	Phone No	02356263569	Fax		Fax		E-mail/Fax	/	E-mail/Fax	nia.170901@newindia.co.in /	PAN No	AAATD4835E	S Tax Regn. No	AAACN4165CST178	GSTIN/UIN	NA/NA	GSTIN	27AAACN4165C32P			SAC	997133 (Accident and health insurance services)
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Policy Details		Business Source Code	
Policy Number	17090134220400000003	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	MR. HANIF A. GHANSAR - (DF/805/59)
Period of Insurance	From:21/08/2022 12:00:01 AM To: 20/08/2023 11:59:59 PM	Agent/Bancassurance/Specialized Person	Mr. CHOUGLE FARID YUNUS (NIAAG00053728) CHOUGLE FARID YUNUS (SI00095816)
Date of Proposal	21/08/2022	Phone No	9404328573 / 02356261359, 9860614059, 9422429159
Prev. Policy no.	NA	E-mail/Fax	faridchougles921@gmail.com, hanif.ghansar@newindia.co.in, / /
Client Type	Non-Corporate	Financier(s) Details	NA

Premium	GST	Total	Receipt No. & Date:
₹1892749	₹340694	₹2233443 (RUPEES TWENTY-TWO LAC THIRTY-THREE THOUSAND FOUR HUNDRED FORTY-THREE ONLY)	17090181220000001265 25/08/2022

Details of TPA	
Name	MDINDIA HEALTH INSURANCE TPA PVT. LIMITED
Address	S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014.
	NA
Telephone	18002097777
Fax	02025300003
Email	customer@mdindia.com,
Toll Free No	18002097800

No. of Employees / Members covered	95	No. of persons covered	557
Maternity Benefits Opted	Normal Delivery Limit ₹ : 25000 Caesarian Section Limit ₹ : 40000	Zone Opted	1 (Mumbai)
Deletion of 9 months waiting period	YES		
Pre-existing cover Opted	YES		
Deletion of 30 days waiting period	YES		
Deletion of 2/4 year exclusion	YES		
Limit of additional ambulance charges per person	750		

Signature Not Verified
Digitally signed by SRIHARSHAN VAIDYANATHAN
Date: 2022.08.25

Policy No. : 17090134220400000003 Document generated by 39603 at 25/08/2022 17:24:11 Hours
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415

For details of your grievance, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism, you may approach the Insurance Ombudsman, please visit our website <http://newindia.co.in>

Khed Branch Office - 170901 : Office No. - 04, 1st Floor, Mukadam Landmark, Building No. - 1, Opp Jijamata Udyan, Near Teenbatti Naka, At Post - Khed, Tal. - Khed, Dist. - Ratnagiri - 415 709.
फोन / Tel. : (02356) - 263569, 298304 □ ई-मेल / E-mail : nia.170901@newindia.co.in



Additional cover Opted	: YES	Limit per family	Overall Policy Limit
SL.No	Name of Cover	N/A	100
N/A	NEW INDIA ASSURANCE CO. LTD.		

Special Conditions

Special Condition 1	: 1) No co-pay 2) AYUSH Treatment: 25 % of sum insured subject to maximum of ₹ 25,000/- per policy period 3) room rent - for Normal - ₹6000/-per day for ICU- Actuals 4) Cataract limit-20,000/-
Special Condition 2	: 5) pre hospitalization 30 days and post hospitalization 60 days covered 6) All day care procedures covered

* This Policy is subject to NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY Clause as attached. In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 1892749.00
SGST	9	170347
CGST	9	170347
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 25/08/2022

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____
number _____ dt. _____.

Stamp Duty under the Policy is ₹1/-.



PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. DNYANDEEP SHIKSHAN PRASARAK MANDAL, KHED has paid ₹ RUPEES EIGHTEEN LAC NINETY-TWO THOUSAND SEVEN HUNDRED FORTY-NINE ONLY (in words) towards premium and GST of ₹340694 for New India Flexi Floater Mediclaim for:

Policy period	: 21/08/2022 12:00:01 AM to 20/08/2023 11:59:59 PM
Policy Certificate no.	: 17090134220400000003
Receipt no. & date	: 17090181220000001265 and 25/08/2022
Date of Issue: 25/08/2022	

Policy No.: 17090134220400000003 Document generated by 39603 at 25/08/2022 17:24:11 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism, you may approach the Insurance Ombudsman, please visit our website <http://newindia.co.in>

खेड शाखा कार्यालय : 170901 : फोन / टेलीफोन : 02356-263569, 298304 □ ई-मेल / E-mail : nia.170901@newindia.co.in
तीनबत्ती नाक्याजवळ, सु. पो. - खेड, ता. - खेड, जि. - रत्नागिरी - 415 709.
Khed Branch Office - 170901 : Office No. - 04, 1st Floor, Mukadam Landmark, Building No. - 1, Opp Jijamata Udyan, Near Teenbatti Naka, At Post - Khed, Tal. - Khed, Dist. - Ratnagiri - 415 709.



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : CHIPLUN (170602)
Address : BLOCK NO 40,
2ND FLOOR AJIINKYA ARCADE
CHINCHNAKA, CHIPLUN, 415605
CHIPLUN
Phone : 02355252867
Email : nia.170602@newindia.co.in
Fax :
Collection Number : 17060281160000006125
Collection Date : 22/08/2016
Business Source Code : 1D7805759

Received with thanks from DNYANDEEP SHIKSHAN PRASARAK MANDAL, KHED.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount`	A/C Code	Sub A/C Code
17060234160400000003	Bank-170602	467500.00	9100.170602	BA00011662-170602-9100
17060234160400000003	Bank-170602	13842.00	9100.170602	BA00011662-170602-9100

Total = ` 481342.00

Your Payment/Adjustment Details are as under -

Mode	Amount `	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/ APD Balance
Cheque	467500.00	116566	11-AUG-16	STATE BANK OF INDIA	khed	1706021610014708	N.A.
Cheque	13842.00	187366	11-AUG-16	STATE BANK OF INDIA	khed	1706021610014708	N.A.

Total = ` 481342.00

Utilization details of the Collected Amount :

Premium	Service Tax	Stamp Duty	Excess Amount
418558.00	62784.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00066001	BENDKHALE DIPALI RAHUL	34

For The New India Assurance Company Limited

Revenue Stamp



Date of Issue: 22/08/2016

Cashier's Initial

Authorized Signatory

NIA S.T.REGN No: AAACN4165CST178.

Note -

1. Please quote the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..